



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/669,118
Applicant(s): Daigo YOSHIOKA and Masahito NIIKAWA
For: DIGITAL CAMERA HAVING MULTIPLE IMAGES
TAKING MODES
Confirmation No.: 3481
Customer No.: 24367
Docket No.: 15162/02440
Filed: September 25, 2000
Group Art Unit: 2615
Examiner: Gevell V. Selby

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

EXPRESS MAIL MAILING LABEL NO.: EL 794575950 US
DATE OF DEPOSIT: DECEMBER 22, 2005
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to MAIL STOP RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

DERRICK GORDON

Name of Person Mailing Paper or Fee

[Signature]

Signature

DECEMBER 22, 2005

Date of Signature

PETITION FOR ONE-MONTH EXTENSION OF TIME

Applicants hereby petition that the period for response to the Office Action, mailed August 24, 2005, be extended for one month up to and including December 24, 2005.

A Request for Continued Examination (RCE) Pursuant to 37 C.F.R. § 1.114 is being filed concurrently.

12/27/2005 SSESHE1 00000081 181260 09669118

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A Response Transmittal and Fee Authorization form authorizing the amount of \$910.00 (\$790.00 for the filing fee for a Request for Continued Examination (RCE), and \$120.00 for the one-month extension fee under 37 C.F.R. § 1.17(a)(1)), to be charged to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260 is enclosed herewith in duplicate. However, if the Response Transmittal and Fee Authorization form is missing, insufficient, or otherwise inadequate, or if a fee, other than the issue fee, is required during the pendency of this application, please charge such fee to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260. Please credit any overpayment to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260.

Respectfully submitted,

By: _____



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